

IN THE UNITED STATES BANKRUPTCY COURT
FOR THE DISTRICT OF PUERTO RICO

IN RE:

MAXON ENGINEERING SERVICES, INC.

Debtor

*

CASE NO. 04-04781 MCF

*

CHAPTER 7

* * * * *

PETITION FOR PAYMENT OF UNCLAIMED FUNDS

NOW APPEARS Centro Plastico, Inc., a/k/a Centro Plastico, address: El Comandante, Calle Nicolas Aguayo 1212, San Juan, P.R. 00924, phone #(787) 752-5840, Employers Identification Number (EID)66-0483201 and states that on 12/10/2020, Chapter 7 Trustee filed a Report of Unclaimed Monies under Rule 3011 and with attachment of a list of creditors (Dkt. #2020) and on 12/10/2020 a Receipt of Unclaimed - \$69,246.95 dollars, (receipt #00450914) was issued, to which, herein creditor Centro Plastico, Inc., a/k/a Centro Plastico, became entitled due to the Proof of Claim #6, filed on May 20, 2004, to which there is no opposition to participate in the distribution of unclaimed money in the above entitled case, and now appears on the records of this Court as a creditor with a statutory right to request the payment of \$6,174.76 dollars as a bona fide creditors. The amount requested is being held by the Clerk of the Court.

Petitioner represents that he/she/it is entitled to receive the requested funds based upon (check box(es) that apply):

- ☐ petitioner is the OWNER of said funds as appear as such in the of this Court;
- ☐ petitioner is the assignee of the owner's claim to said funds; as evidenced in the attached
- ☐ Affidavit or Assignment of Rights;
- ☐ petitioner is the owner's successor in interest, as evidenced in the attached Affidavit or
- ☐ Assignment of Right;

- ☐ petitioner is the personal representative of the owner's estate, as evidenced in the
- ☐ Attached Affidavit and/or other identifying documents; or
- ☐ petitioner is named in a POWER OF ATTORNEY by (grantor)
- ☒ valid under the laws of the Commonwealth of Puerto Rico, that empowers petitioner to collect the unclaimed funds described above on behalf of grantor:
 - ☒ as the owner of the claim; (see Attachment A)
 - ☐ as the owner's attorney-at-law, with authorization to receive said funds;
 - ☐ as the assignee of the owner's claim to said funds;
 - ☐ as the owner's successor in interest; or
 - ☐ as the personal representative of the owner's estate.

The petitioner submits with this petition the following document(s) as proof of the petitioner's identity and status, and the owner's claim of entitlement:

- a). Proof of Claims # 6
- b). Note (Pagaré): See (attached to bankruptcy claim)

WHEREFORE, the petitioner submits to the personal jurisdiction of this court and request that it enter an order directing payment of the unclaimed funds described above to the petitioner, or (if the petitioner is not the owner) to the petitioner on behalf of the owner, in accordance with the documents submitted in support of this petition.

The petitioner declares under penalty of perjury that the foregoing is true and correct:

Name of Petitioner:	Centro Plastico, Inc., a/k/a Centro Plastico
Signature of Petitioner:	Luis Fred Salgado, Esq.
Title:	Attorney at Law for Centro Plastico, Inc., a/k/a Centro Plastico
Date:	January 14, 2021

NOTICE OF RESPONSE TIME

Within fourteen (14) days after service as evidenced by the certification, and an additional three (3) days pursuant to Fed. R.Bankr.P. 9006(f) if you were served by mail, any party against whom this paper has been served, or any other party to the action who objects to the relief sought herein, must serve and file an objection or other appropriate response to this paper with the Clerk's Office of the U.S. Bankruptcy Court for the District of Puerto Rico. If no objection or other response is timely filed within the time allowed herein, the paper will be deemed unopposed, unless: (1) the request relief is forbidden by law; (2) the request relief is against public policy; or (3) in the opinion of the Court, the interest of justice otherwise requires.

CERTIFICATE OF SERVICE

The petitioner mailed a copy of this petition and all attachments to the Office of the United States Attorney for the District of Puerto Rico, at Torre Chardón Suite 1201, 350 Carlos Chardón Ave., San Juan, PR 00918, and I hereby certify that on January 14, 2021, electronically filed the foregoing with the Clerk of the Court using the CM/ECF System which will send notification of such filing to the following: Mrs. Monsita Lecaroz, Esq., U.S. Trustee, e.mail: ustpreion21.hr.ecf@usdoj.gov; Michelle Brull-Diaz, Esq., e.mail: mbrull@avfpsec.com; Noreen Wiscovitch Rentas, Chapter 7 Trustee, e.mail: courts@nwr-law.com; and I hereby certify that I have mailed by United States Postal Service the document to the following non CM/ECF participants: Maxon Engineering Services, Inc., 1302 Ponce de León Ave., Suite 202, San Juan, P.R. 00907.

I declare under penalty of perjury under the laws of the United States that the foregoing is true and correct.

In San Juan, Puerto Rico, this January 14, 2021.

/S/Luis Fred Salgado
LUIS FRED SALGADO, Esq. (117003)
PMB 15
267 Sierra Morena St.
San Juan, PR 00926
Phone: (787) 428-1428
e.mail: luisfredsalgado@hotmail.com.
luisfredsalgado@gmail.com

ATTACHMENT A

LEGAL ARGUMENTS IN SUPPORT FOR DISBURSE FUNDS

1. Herein creditor is entitled to receive the balance unpaid in the amount of \$6,174.76 dollars, pursuant to the following STATUTES:

a). 11 U.S.C. & 347(a): "Ninety days after the final distribution under section 726, 1194, 1226 or 1326 of the title in a case under chapter 7, subchapter V of chapter 11, 12, or 13 of this title, as the case may be, the trustee shall stop payment on any check remaining unpaid, and any remaining property of the estate shall be paid into the court and disposed of under chapter 129 of title 28".

b). 11 U.S.C. & 101(10)(A): "(10) The term "creditor" means –

(A) entity that has a claim against the debtor that arose at the time of or before the order for relief concerning the debtor;

(B) omitted".

c). Rule 3011 of the Bankruptcy Rules Procedure: "Rule 3011. Unclaimed Funds in Chapter 7 Liquidation, Chapter 12 Family Farmers Debt Adjustment, and Chapter 13 Individuals Debt Adjustment Cases – The trustee shall file a list of all known names and addresses of the entities and the amounts which they are entitled to be paid from remaining property of the estate that is paid into court pursuant to & 347(a) of the Code".

d). 28 U.S.C. & 2041: "2041. Deposit of moneys in pending or adjudicated cases - All moneys paid into any court of the United States, or received by the officers thereof, in any case pending or adjudicated in such court, shall be

ESTADO LIBRE ASOCIADO DE
COMMONWEALTH OF PUERTO RICO
Licencia de Conducir/Driver's License

NUM 1 4 3 3 4 8 1

JULIAN

MARTINEZ MALDONADO

COND PLAYA DEL REY
3 CALLE EARLE APT 801
SAN JUAN, PR 00907-1263

SEX/SEXO	HGT/EST	WGT/PESO	EYES/OJOS
M♂	5'08"	154LBS	BRO

DOB/NAC 02MAY1964
ISS/EMI 03FEB2017

E F
R NONE
EXP 02MAY2021

HEAVY III 8 VEHICULO

5019 / 11704 / 13157 / 9

Fill in this Information to identify the case:

Debtor 1 Maxon Engineering Services, Inc.
First Name Middle Name Last Name

Debtor 2
(Spouse, if filing) First Name Middle Name Last Name

United States Bankruptcy Court for the: PR District of San Juan
(State)

Case number: 04-04781-MCF7

Form LBF-B (Rev. 12/19)

APPLICATION FOR PAYMENT OF UNCLAIMED FUNDS

1. Claim Information

For the benefit of the Claimant(s)¹ named below, application is made for the payment of unclaimed funds on deposit with the court. I have no knowledge that any other party may be entitled to these funds, and I am not aware of any dispute regarding these funds.

Note: If there are joint Claimants, complete the fields below for both Claimants.

Amount:	<u>\$6,174.76</u>
Claimant's Name:	<u>Centro Plástico, Inc. aka Centraplastica</u>
Claimant's Name (2):	
Claimant's Current Mailing Address, Telephone Number, and Email Address:	<u>E1 Comandante Calle Nicolás Aguayo 1212</u> <u>San Juan, P.R. 00924</u> Tel. <u>787-752-5840</u> <u>centraplastico@prtc.net</u>

2. Applicant Information

Applicant² represents that Claimant is entitled to receive the unclaimed funds because (check the statements that apply):

- ☒ Applicant is the Claimant and is the Owner of Record³ entitled to the unclaimed funds appearing on the records of the court.
- ☐ Applicant is the Claimant and is entitled to the unclaimed funds by assignment, purchase, merger, acquisition, succession or by other means.
- ☐ Applicant is Claimant's representative (e.g., attorney or unclaimed funds locator).
- ☐ Applicant is a representative of the deceased Claimant's estate.

3. Supporting Documentation

- ☒ Applicant has read the court's instructions for filing an Application for Unclaimed Funds and is providing the required supporting documentation with this application (copy of a valid driver's license and/or passport). All applicants must file and submit form AO 213P.

¹ The Claimant is the party entitled to the unclaimed funds.

² The Applicant is the party filing the application. The Applicant and Claimant may be the same.

³ The Owner of Record is the original payee.

4. Notice to United States Attorney

- ☐ Applicant has sent a copy of this application and supporting documentation to the United States Attorney, pursuant to 28 U.S.C. § 2042, at the following address:

Office of the United States Attorney
for the District of Puerto Rico
Torre Chardón, Suite 1201
350 Carlos Chardón Ave.
San Juan, P.R. 00918

5. Applicant Declaration

Pursuant to 28 U.S.C. § 1746, I declare under penalty of perjury under the laws of the United States of America that the foregoing is true and correct.

Date:

JAN 7 / 2021

Signature of Applicant

Julian Martinez-Maldonado

Printed Name of Applicant

Address:

E1 Comandante
1212 Nicolas Aguayo
San Juan PR 00924

Telephone:

787 752-5840

Email:

centroplastico@prtc.net

5. Co-Applicant Declaration (if applicable)

Pursuant to 28 U.S.C. § 1746, I declare under penalty of perjury under the laws of the United States of America that the foregoing is true and correct.

Date:

Signature of Co-Applicant (if applicable)

Printed Name of Co-Applicant (if applicable)

Address:

Telephone:

Email:

6. Notice of Response Time

Within fourteen (14) days after service as evidenced by the certification, and an additional three (3) days pursuant to Fed. R. Bank. P. 9006(f) if you were served by mail, any party against whom this paper has been served, or any other party to the action who objects to the relief sought herein, shall serve and file an objection or other appropriate response to this paper with the clerk's office of the United States Bankruptcy Court for the District of Puerto Rico. If no objection or other response is filed within the time allowed herein, the paper will be deemed unopposed and may be granted unless: (i) the requested relief is forbidden by law; (ii) the requested relief is against public policy; or (iii) in the opinion of the court, the interest of justice requires otherwise.

5. Applicant Declaration

Pursuant to 28 U.S.C. § 1746, I declare under penalty of perjury under the laws of the United States of America that the foregoing is true and correct.

DATE:

Jan / 7 / 2021

Signature of Applicant

Julian Martinez-Maldonado

Printed Name of Applicant

ADDRESS:

El Comandante
1212 Nicolas Aguayo
San Juan PR 00924

TELEPHONE: 787 752-5840

EMAIL: centroplastico@prtc.net

5. Co-Applicant Declaration (if applicable)

Pursuant to 28 U.S.C. § 1746, I declare under penalty of perjury under the laws of the United States of America that the foregoing is true and correct.

DATE: _____

Signature of Co-Applicant

Printed Name of Co-Applicant

ADDRESS:

TELEPHONE: _____

EMAIL: _____

6. Notarization

STATE OF:

Puerto Rico

COUNTY OF:

Carolina

AJ.# 9308

This Application for Unclaimed Funds, dated

01/07/2020, was subscribed and sworn to
before me this 7th day of January,
2021 by:

Julian Martinez-Maldonado

who signed above and is personally known to me (or
proved to me on the basis of satisfactory evidence) to be
the person whose name is subscribed to the within
instrument. WITNESS my hand and official seal.

(SEAL)

Notary Public

My commission expires: July

Gilberto Oliver-Davila, Esq.
Attorney at Law & Notary Public
Puerto Rico License #11,486
My Commission is Permanent (For Life)
Tel. (787) 790-5151
<https://g.page/AbogadoenCarolina>

6. Notarization

STATE OF: _____

COUNTY OF: _____

This Application for Unclaimed Funds, dated

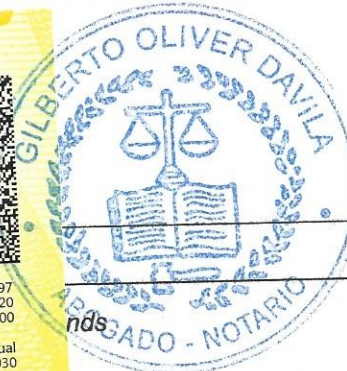
_____, was subscribed and sworn to
before me this _____ day of _____,
20__ by:

who signed above and is personally known to me (or
proved to me on the basis of satisfactory evidence) to be
the person whose name is subscribed to the within
instrument. WITNESS my hand and official seal.

(SEAL)

Notary Public

My commission expires: _____



AO 213P (9/19)

REQUEST FOR PAYEE INFORMATION AND TIN CERTIFICATION

Refer to the instructions page for further information on completing this form.

Vendors providing goods and services must use the AO 213 form.

Part 1 Payee Information

Line 1. Payee Name: Centro Plastico, Inc. aka Centro Plastico

Line 2. Additional payee information: (if applicable)

Part 2 Business Name (if different from above)

Centro Plastico

Enter your TIN in the appropriate box.

Part 3 The TIN provided must match the name given in Part 1, Line 1.

EIN: 66 0483201

Enter only an EIN or SSN - NOT BOTH.

SSN: - - -

Part 4 Select the appropriate box below for U.S. tax classification for person or entity listed in Part 1, Line 1.

☐ Individual or single member LLC ☒ Corporation (Payments related to attorneys' fees or gross proceeds paid to attorneys)

☐ LLC (Except single member) ☐ Partnership

(Select one:) ☐ C Corp ☐ S Corp ☐ Partnership ☐ Trust/Estate

☐ Other: _____

Part 5 Mailing Address

Street address: El Comandante calle Nicolas Aguayo 1212 State: PR Zip code: 00924

City: San Juan

Point of Contact (if different from Part 1, Line 1 above)

Name: Julian Martinez Maldonado

Phone #: 787-752-5840

Email Address: centroplastico@prtc.net

Part 6 Electronic Funds Transfer (EFT) Information (OPTIONAL)

Owner(s) name as it appears on bank account:

Bank Name:

Routing #: (Must contain 9 digits)

Payee must select an account type: (Select one)

☐ Checking ☐ Savings

Account Number: (do not include check number)

Part 7 Certification

Under penalties of perjury, I certify that:

1. The number shown on this form is my correct taxpayer identification number; and
2. I am not subject to backup withholding because: (a) I am exempt from backup withholding, or (b) I have not been notified by the IRS that I am subject to backup withholding as a result of a failure to report all interest and dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding; and
3. I am a U.S. citizen or other U.S. person (defined in the instructions).

The IRS does not require your consent to any provision of this document other than the certifications required to avoid backup withholding.

Signature: Presidente

Date: 1/7/2021

For Judiciary Use Only

Select those boxes that apply:

☐ Addition

☐ Change

Vendor Code: _____

☐ Active

☐ Inactive

Vendor Type: _____

(Trustee or Vendor)

Vendor Administrators: Attach this form to the JIFMS MANL document. This form can also be submitted, subject to separation of duties requirements, via HEAT at: <https://nsms.ao.dcn>. The service request can be found under Financial Management Services> JIFMS Vendor Additions or Updates. For FAS4T users (CCAM only), send this form to the local court vendor administrator. For questions regarding JIFMS and court FAS4T, please contact the National Support Desk at (210) 536-5000. This form should be completed including the vendor's signature and submitted by Judiciary staff only.

Sensitive information must be securely maintained and only visible to designated staff.

General Instructions**Purpose of the AO 213P**

The Judiciary utilizes the AO 213P to collect information necessary to facilitate payment by EFT or U.S. Treasury check.

For many payments, the Judiciary is required to file an information return (e.g., 1099-MISC; 1099-INT) with the IRS and, therefore, must obtain payees' correct names and associated TINs to do so. If a TIN is not provided, a payee **may** be subject to backup withholding – situations where the judiciary must withhold a certain percentage to ensure the IRS receives any tax due on the payment.

Payments disbursed by the U.S. Treasury on the judiciary's behalf must collect payee TINs to comply with the U.S. Treasury's TIN Policy.

Payee TINs, obtained through this form, may be used by the government to collect and report on any delinquent amounts arising out of the payee's relationship with the government.

Part 1, Line 1

Do not leave this line blank. Enter only **one** name for you or your entity. The name should match the name on your or your entity's U.S. tax return.

Individual. Generally, enter the name shown on your U.S. tax return. If you have changed your last name without informing the Social Security Administration of the name change, enter your first name, the last name as shown on your social security card, and your new last name.

Note: For Individual Taxpayer Identification Number (ITIN) applicants, enter your name as it was entered on your IRS Form W-7 application, line 1a.

Sole Proprietor or Single-Member LLC. Enter your name as shown on your IRS 1040/1040A/1040EZ in Part 1. You may enter your business name or "doing business as" (DBA) name in Part 2.

Partnership, LLC (Except Single-Member LLCs), or Corporations. Enter the entity's name as shown on the entity's U.S. tax return in Part 1 and any business name or DBA name in Part 2.

Other entities. Enter your name as shown on required U.S. tax documents in Part 1. This name should match the name shown on the charter or other legal document creating the entity. You may enter any business name or DBA name in Part 2.

Part 1, Line 2

If this form is being completed so that a U.S. Treasury check may be issued payable to more than one person or entity, or if an EFT payment will be issued to an account owned jointly, enter in Part 1, Line 1 the name of the person or entity whose TIN you entered in Part 3. Additional names for joint accounts or for other payees ("and," "or," or "care of") **must** be entered in Part 1, Line 2.

If payment is to be made by...	Then, enter the following...
EFT to Payee 1 AND Payee 2, co-owners of a joint account	Payee 1's name in Part 1, Line 1; Payee 2's name in Part 1, Line 2; Payee 1's TIN in Part 3.
U.S. Treasury check made payable to Payee 1, Payee 2, AND Payee 3.	Payee 1's name in Part 1, Line 1; Payee 2's name AND Payee 3's name in Part 1, Line 2; Payee 1's TIN in Part 3.

U.S. Treasury check made payable to Payee 1, Payee 2, OR Payee 3.	Payee 1's name in Part 1, Line 1; Payee 2's name OR Payee 3's name in Part 1, Line 2; Payee 1's TIN in Part 3.
U.S. Treasury check made payable to Payee 1, CARE OF (c/o) Power of Attorney	Payee 1's name in Part 1, Line 1; C/O Power of Attorney name in Part 1, Line 2; Payee 1's TIN in Part 3.

Part 2

If you have a business or DBA name, you may enter it in Part 2.

Part 3

Enter your or your entity's TIN in the appropriate box. **The TIN must be the TIN associated with the one person or one entity listed in Part 1, Line 1.**

If you are a resident alien and you do not have – and are not eligible to get – an SSN, your TIN is your ITIN. Enter it in the social security number box.

If you are a sole proprietor and you have an EIN, you may enter either your SSN or EIN.

If the LLC is classified as a corporation or partnership, enter the entity's EIN.

Part 4

Check the appropriate box in Part 4 for the U.S. tax classification of the person or entity's whose name is entered in Part 1. Check only **one** box in Part 4.

Part 5

Enter your address (number, street, and apartment or suite number). This is where your paper U.S. Treasury check and any information returns (e.g., 1099-MISC; 1099-INT), if applicable, will be mailed.

Enter a point-of-contact name, email, and phone number. A point of contact is necessary if an entity is listed in Part 1, Line 1 or a point-of-contact is different than an individual listed in Part 1, Line 1.

Part 6

The Routing Number **must** be nine digits. If you are unsure of your Routing or Account Numbers, consult your financial institution.

You must identify your account as either checking or savings to ensure our payment is accepted by your financial institution. **The account must be associated with the one person or one entity listed in Part 1, Line 1.**

Part 7

You must cross out item 2 if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return.

For item 3, you are considered a U.S. person, for federal tax purposes, if you are:

- An individual who is a U.S. citizen or U.S. resident alien;
- A partnership, corporation, company, or association created or organized in, or under the laws of, the United States;
- An estate (other than a foreign estate); or
- A domestic trust (as defined in Regulations section 301.7701-7).

For a joint account, only the person whose TIN is shown in Part 3 should sign.

FORM B10 (Official Form 10) (04/04)

PROOF OF CLAIM

UNITED STATES BANKRUPTCY COURT
DISTRICT OF PUERTO RICO

Name of Debtor
MAXON ENGINEERING SERVICES, INC

Case Number
04-04781MV

NOTE: This form should not be used to make a claim for an administrative expense arising after the commencement of the case. A "request" for payment of an administrative expense may be filed pursuant to 11 U.S.C. §503.

Name of Creditor (The person or other entity to whom the debtor owes money or property):
CENTRO PLASTICO

- ☐ Check box if you are aware that anyone else has filed a proof of claim relating to your claim. Attach copy of statement giving particulars.
- ☐ Check box if you have never received any notices from the bankruptcy court in this case.
- ☐ Check box if the address differs from the address on the envelope sent to you by the court.



THIS SPACE IS FOR COURT USE ONLY

Name and Address where notices should be sent:

CENTRO PLASTICO
URB EL COMANDANTE
CALLE NICOLAS AGUAYO 1210
SAN JUAN, PR 00924

Telephone Number: (787) 752-5840 529-4545

Account or other number by which creditor identifies debtor:
n/a

Check here if ☐ replaces ☐ amends a previously filed claim, dated: _____

1. Basis for Claim

- ☒ Goods sold
☐ Services performed
☐ Money loaned
☐ Personal injury/wrongful death
☐ Taxes
☐ Other

- ☐ Retiree benefits as defined in 11 U.S.C. §1114(a)
☐ Wages, salaries, and compensation (fill out below)
Last four digits of SS #: _____
Unpaid compensation for services performed from _____ to _____ (date) (date)

2. Date debt was incurred:

January 2, 2004 thru April 20, 2004

3. If court judgment, date obtained:

4. Total Amount of Claim at Time Case Filed: \$ 6,464.82
(unsecured) (secured) (priority) (Total)

If all or part of your claim is secured or entitled to priority, also complete Item 5 or 7 below.
☐ Check this box if claim includes interest or other charges in addition to the principal amount of the claim. Attach itemized statement of all interest or additional charges.

5. Secured Claim.

- ☐ Check this box if your claim is secured by collateral (including a right of setoff).

Brief Description of Collateral:

- ☐ Real Estate ☐ Motor Vehicle
☐ Other

Value of Collateral: \$ _____

Amount of arrearage and other charges at time case filed included in secured claim, if any: \$ _____

6. Unsecured Nonpriority Claim \$ _____

- ☐ Check this box if: a) there is no collateral or lien securing your claim, or b) your claim exceeds the value of the property securing it, or if c) none or only part of your claim is entitled to priority.

7. Unsecured Priority Claim.

- ☐ Check this box if you have an unsecured priority claim

Amount entitled to priority \$ _____
Specify the priority of the claim:

- ☐ Wages, salaries, or commissions (up to \$4,925)* earned within 90 days before filing of the bankruptcy petition or cessation of the debtor's business, whichever is earlier - 11 U.S.C. § 507(a)(3).
☐ Contributions to an employee benefit plan - 11 U.S.C. § 507(a)(4).
☐ Up to \$2,225* of deposits toward purchase, lease, or rental of property or services for personal, family, or household use - 11 U.S.C. § 507(a)(6).
☐ Alimony, maintenance, or support owed to a spouse, former spouse, or child - 11 U.S.C. § 507(a)(7).
☐ Taxes or penalties owed to governmental units - 11 U.S.C. § 507(a)(8).
☐ Other - Specify applicable paragraph of 11 U.S.C. § 507(a)().

*Amounts are subject to adjustment on 4/1/07 and every 3 years thereafter with respect to cases commenced on or after the date of adjustment.

8. Credits: The amount of all payments on this claim has been credited and deducted for the purpose of making this proof of claim.

9. Supporting Documents: Attach copies of supporting documents, such as promissory notes, purchase orders, invoices, itemized statements of running accounts, contracts, court judgments, mortgages, security agreements, and evidence of perfection of lien. DO NOT SEND ORIGINAL DOCUMENTS. If the documents are not available, explain. If the documents are voluminous, attach a summary.

10. Date-Stamped Copy: To receive an acknowledgment of the filing of your claim, enclose a stamped, self-addressed envelope and copy of this proof of claim.

Date

5/19/04

Sign and print the name and title, if any, of the creditor or other person authorized to file the claim (attach copy of power of attorney, if any):

Julian Martinez Maldonado, President

Penalty for presenting fraudulent claim: Fine of up to \$500,000 or imprisonment for up to 5 years, or both, 18 U.S.C. §§ 152 and 3571.

MAY 27 2004
6/V